Contract to the contract of	OF CAL	IFORNIA	A - Pers	onal		¥					Page	of Page	S			
	EL EXPE	NSE CLA	MIA		**											
	62 A (RE															
CLAIMANT'S NAME							SSAN OR EMPLOYEE NUMBER					DEPARTMENT				
Frank McCarton												CalEMA				
POSITION CB/ID NUMBER Chief Deputy Director E99							DIVISION OR BUREAU Executive Division					INDEX NUMBER 2110 Executive Division				
RESIDENCE ADDRESS							HEADQUARTERS ADDRESS					TELEPHONE NUMBER				
							3650 Schriever Avenue					(916) 845-8530				
CITY STATE ZIP CODE							CITY STATE Mather CA					ZIP CODE 95655				
	L WORK HOU	RS				(2) PF	RIVATE VEHIC	LE LICEN	SE No.:			GE RATE C	LAIMED:			
0800 - 17		lias		T 22	101	MEALC		(9)	(10) TP/	AN SPORT	0.55			T 44)	7 (42)	
4) MONTH	MONTH			(7)	(8)	MEALS								11)	(12)	
4/2009		LOCATION		LODGING	BREAK-		O.T.,L/T. N/C. RELO.	INCIDEN-	(A) COST OF	(B) TYPE	(C) CARFARE,	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES	
(5) DATE	TIME	WHERE EXPENSESES WERE INCURRED		0	FAST	10.00	OR DINNER	TALS	ITRANS.	USED	TOLLS, PARKING	MILES	AMOUNT		FOR DAY 28.00	
4/20/09		Sacramento to					18.00									
4/21/09	1950	Oran	ge County & return		6.00	10.00	18.00	6.00	1	A	1				166.57	
										-	1	-	-			
										-			-	16.30	16.30	
4/22/09														76.30	16.30	
													700			
													25-			
											-			-		
										-				1.5		
													Ģ			
													51			
0)		UDTOTAL		126.57	6.00	20.00	36.00	6.00					-	16.30	210.87	
3)		LAIM TOT		120.57	6.00	20.00	30.00	0.00						70.50	210.87	
41 41	SE OF TRIP, R 20-21/09 Mee 22/09 - Busine	EMARKS AND tings at the Po ss expense -	DETAILS (A ort of Long I replaced bb	Beach & Los holder that f	Alamitos. fell apart.		N REQUIRED								SHE	
AGENCI ACCOUNTING				OBJ A	MOUNT	ОВЈ	AO AM	TNUO	OBJ AO A	MOUNT	OBJ AO	AMOUNT	TOTAL			
OFFICE USE ONLY PAID BY REV. FUND CHECK No. 99510					292	194.57	252	16.	.30					210.87		
				-	-	+	-		-				+		-	
		39														
			-	-		-	-	-								
				TOTALS			194.57		16.3	30					210.87	
ne n	BY CERTIFY T ales exceed to 753 and 0754 r	e minimum rate	e I certify	of c	ravel expense operating the v usable	ehijne was e	equal to or gre	ater than th	ne rate claim	ned, and tha	ce of the State If I have met the RAVEL AND PA	requiremen	t If a privately on the as prescribe	d by SAM Se	was used, ctions 0750,	
			1	See Ilme 17 o	1/23 in everse	N					Mary		2 /	6/24	17	
Revi	ewed by G	ema Monte	eiro on 04.	/23/2009								1	i i	- 11		
	vormet di Si											\		U.D	んか	
												X	1 Mag	W/JR	1/- 1	